



## APPLICATION FOR FREDERICK COUNTY DEVELOPMENT IMPACT FEE EXEMPTION FOR AFFORDABLE HOUSING PROGRAM

1. Applicant Name: \_\_\_\_\_
2. Organization Type:
  - ☐ Non-Profit 501(c)(3)-has been exempt from federal taxation under 501(c)(3) of the Internal Revenue Code for a period of at least 3 years
  - ☐ Public Housing Authority
  - ☐ Government Agency
  - ☐ Profit motivated entity actively involved in affordable housing development
3. Organization Address: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
6. Type of Project: ☐ Rental ☐ Homeownership
7. Project Address or Location: \_\_\_\_\_  
(see attached legal description)
8. Lot Number, Type, and Number of Units to be Constructed:

<u>Lot Number</u>	<u>Type</u>	<u>Number of Units on the Lot</u>
_____	<input type="checkbox"/> Single Family Detached	_____
_____	<input type="checkbox"/> Single Family Attached	_____
_____	<input type="checkbox"/> Townhouse	_____
_____	<input type="checkbox"/> Duplex	_____
_____	<input type="checkbox"/> Other Residential	_____
_____	<input type="checkbox"/> Apartments	_____
_____	<input type="checkbox"/> Condominiums	_____
<b>TOTAL NUMBER OF UNITS TO BE CONSTRUCTED</b>		_____

**See Fact Sheet for Application Instructions and Attachments to be submitted.**

Certification: This is to certify that the project will comply with program requirements outlined in the public financing regulatory requirements, Frederick County Board of County Commissioners Deed of Trust, Frederick County Ordinance 10-25-560, and the Development Impact Fee Exemption for Affordable Housing Program Fact Sheet, as applicable.

\_\_\_\_\_  
Witness/Attest-Signature

\_\_\_\_\_  
Type Authorized Signature of Applicant

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**For Office Use Only:** I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT IS ELIGIBLE TO RECEIVE THE DEVELOPMENT IMPACT FEE EXEMPTION AND HAS PROVIDED THE REQUIRED DOCUMENTATION IN ACCORDANCE WITH THE PROGRAM REQUIREMENTS.

☐ Approve

\_\_\_\_\_  
Jennifer S. Short, Director

\_\_\_\_\_  
Date